

# PLANNING OR DESIGN FINANCIAL ASSISTANCE APPLICATION

<b>I. APPLICANT INFORMATION</b>			
Applicant (Entity) Name:			
Entity Type: <input type="checkbox"/> Public - Local <input type="checkbox"/> Public - State <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: Specify _____			
Charter City/County: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address:	City:	State:	Zip+4 Code:
Mailing Address:	City:	State:	Zip+4 Code:
Congressional District(s):			
State Senate District(s):			
State Assembly District(s):			
County (or Counties):			
Regional Water Board where the project will take place: <input type="checkbox"/> 1 (North Coast) <input type="checkbox"/> 2 (San Francisco Bay) <input type="checkbox"/> 3 (Central Coast) <input type="checkbox"/> 4 (Los Angeles) <input type="checkbox"/> 5 (Central Valley) <input type="checkbox"/> 6 (Lahontan) <input type="checkbox"/> 7 (Colorado River) <input type="checkbox"/> 8 (Santa Ana) <input type="checkbox"/> 9 (San Diego)			
Federal ID No.:		Data Universal Numbering System (DUNS) No.:	
Authorized Representative Name, Title:			
Phone No.: (     )		Email Address:	
General Contact Person Name:			
Phone No.: (     )		Email Address:	
Financial Contact Person Name:			
Phone No.: (     )		Email Address:	
Legal Counsel Name:			
Phone No.: (     )		Email Address:	
Bond Counsel Name (if applicable):			
Phone No.: (     )		Email Address:	
<b>II. PROJECT INFORMATION</b>			
Project Title:			
CWSRF Planning/Design Financing Amount Requested: \$			
<b>III. PROJECT SERVICE AREA DEMOGRAPHICS</b>			
Current Year Median Household Income: \$			
Current Year Estimated Population Served:			
Current Monthly Wastewater (WW) Rate (if applicable):		Proposed WW Rate Increase (if applicable):	
Are less than 50% of residences permanently occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No			

State Use Only	
CWSRF Project #	
Project Manager	
Date Received	

**IV. REGULATORY INFORMATION**

NPDES Permit and/or WDR Order No.:

Has enforcement action occurred as a result of the water quality problem? ☐ Yes ☐ No**V. COMPLIANCE WITH URBAN WATER MANAGEMENT AND WATER RIGHTS REQUIREMENTS**Are you an Urban Water Supplier\*? ☐ Yes ☐ No

- If yes, have you submitted an Urban Water Management Plan to the Department of Water Resources? ☐ Yes ☐ No

\*An Urban Water Supplier provides water for municipal purposes either directly or indirectly to more than 3,000 customers or supplies more than 3,000 acre-feet of water annually. The Urban Water Management Planning Act, Water Code, Section 10631.5, requires every urban water supplier to prepare and adopt an Urban Water Management Plan that includes specific elements.

Is your entity a water diverter and subject to section 5103 of the Water Code? ☐ Yes ☐ No**VI. DISCUSSION OF MATERIAL EVENTS, MATERIAL OBLIGATION CONDITIONS, AND ANY DEBT LIMIT**

Identify any current, prior or pending material events such as bankruptcy, defaults, litigation, grant jury findings, unscheduled draws on reserve funds, substitution of insurers or their failure to perform, unscheduled draws on credit enhancements, actions taken in anticipation of filing Chapter 9, rating changes, relevant conditions in material obligations, and any local debt limit.

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**VII. ATTACHMENTS**

- ☐ 1 – Plan of Study
- ☐ 2 – Certification for Compliance with Water Metering Form
- ☐ 3 – Regional Water Quality Control Board Requirements
- ☐ 4 – Authorizing Resolution/Ordinance
- ☐ 5 - Relevant Service, Management, Operating or Joint Powers Agreements
- ☐ 6 - Audited Financial Statements

The following attachments are not required for Small Disadvantaged Communities applying for 100% grant:

- ☐ 7 – Pledged Revenues and Fund(s) Resolution/Ordinance
- ☐ 8 – Related Debt
- ☐ 9 – Rate Adoption Resolution/Ordinance

**CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE**

To the best of my knowledge and belief, I certify that I am authorized to submit this application; the information provided in this application is true and correct; the documentation has been duly authorized by the governing body of the applicant; and the entity possesses the legal authority to apply for the financing and enter into a financing agreement with the State Water Resources Control Board and to finance and construct the proposed facilities.

Name of Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# CERTIFICATION FOR COMPLIANCE WITH WATER METERING REQUIREMENTS FOR FUNDING APPLICATIONS



Funding Entity name: State Water Resources Control Board

Funding Program name: Clean Water State Revolving Fund

Applicant (Entity name): \_\_\_\_\_

Please check one of the boxes below and sign and date this form.

☐ As the authorized representative for the applicant Entity, I certify under penalty of perjury that the Entity is not an urban water supplier, as that term is understood pursuant to the provisions of section 529.5 of the Water Code.

☐ As the authorized representative for the applicant Entity, I certify under penalty of perjury that the applicant Entity has fully complied with the provisions of Division 1, Chapter 8, Article 3.5 of the California Water Code (sections 525 through 529.7 inclusive) and that the ordinances, rules, or regulations submitted with this certification as listed below have been duly adopted and are in effect as of this date.

I understand that the Funding Entity will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification Statement may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Funding Entity may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

\_\_\_\_\_  
Name of Authorized Representative  
(Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

## AUTHORIZING RESOLUTION/ORDINANCE

RESOLUTION NO:

WHEREAS \_\_\_\_\_ RESOLVED BY THE \_\_\_\_\_  
*(insert appropriate findings)* *(insert name of Governing Board of the Entity)*  
 OF THE \_\_\_\_\_ (the “Entity”), AS FOLLOWS:  
*(insert Entity name)*

The \_\_\_\_\_ (the “Authorized Representative”) or designee is  
*(insert Title of Authorized Representative)*  
 hereby authorized and directed to sign and file, for and on behalf of the Entity, a Financial Assistance  
 Application for a financing agreement from the State Water Resources Control Board for the planning, design,  
 and construction of \_\_\_\_\_ (the “Project”).  
*(insert Project Name)*

This Authorized Representative, or his/her designee, is designated to provide the assurances, certifications, and commitments required for the financial assistance application, including executing a financial assistance agreement from the State Water Resources Control Board and any amendments or changes thereto.

The Authorized Representative, or his/her designee, is designated to represent the Entity in carrying out the Entity's responsibilities under the financing agreement, including certifying disbursement requests on behalf of the Entity and compliance with applicable state and federal laws.

## CERTIFICATION

I do hereby certify that the foregoing is a full, true, and correct copy of a resolution duly and regularly adopted at a meeting of the \_\_\_\_\_ held  
(insert name of Governing Board of the Entity)  
on \_\_\_\_\_.  
(Date)

(Name, Signature, and Seal of the Clerk or Authorized Record Keeper of the Governing Board of the Agency)

## PLEDGED REVENUES AND FUND(S) (PRF) RESOLUTION

WHEREAS \_\_\_\_\_  
*(insert appropriate findings regarding intent, authority, and procedure)*

THEREFORE BE IT RESOLVED, the \_\_\_\_\_ (the "Entity") hereby  
*(insert Entity name)*  
 dedicates and pledges \_\_\_\_\_  
*(insert exact name of revenue stream and designated fund containing those revenues)*

to payment of any and all Clean Water State Revolving Fund and/or Water Recycling Funding Program  
 financing for \_\_\_\_\_ (the "Project"). The  
*(insert Project name and 4-digit CWSRF Project number)*

Entity commits to collecting such revenues and maintaining such fund(s) throughout the term of such financing and until the Entity has satisfied its repayment obligation thereunder unless modification or change is approved in writing by the State Water Resources Control Board. So long as the financing agreement(s) are outstanding, the Entity's pledge hereunder shall constitute a lien in favor of the State Water Resources Control Board on the foregoing fund(s) and revenue(s) without any further action necessary. So long as the financing agreement(s) are outstanding, the Entity commits to maintaining the fund(s) and revenue(s) at levels sufficient to meet its obligations under the financing agreement(s).

## CERTIFICATION

I do hereby certify that the foregoing is a full, true, and correct copy of a resolution duly and regularly adopted at a meeting of the \_\_\_\_\_ held  
*(insert name of Governing Board of the Entity)*

on \_\_\_\_\_.  
*(Date)*

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*(Name, Signature, and Seal of the Clerk or Authorized Record Keeper of the Governing Board of the Agency)*

## RELATED DEBT

The following related debts are senior to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

The following related debts are on parity to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

The following related debts are subordinate to the proposed CWSRF financing:

Name of Lender and Title of Debt or Loan Number	Debt Security or Source of Revenue	Debt Service Coverage Requirement	Rating	Original Debt Amount	Current Balance	Payment Amount	Interest Rate	Debt Term & Maturity Date
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/
				\$	\$	\$		/

Attach copies of the debt documents associated with the above debt.